

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		3				
5	1	①				
6						
7	1					
8	1	①				
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TOTAL IND.	4					
TOTAL DEP.	7					
TOTAL CLAIMS	11					

	IND	DEP	IND	DEP	IND	DEP
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